

## Issue Classification

(Assistant Examiner) (Date)

**Total Claims Allowed:** 19

**O.G.**  
**Print Claim(s)**

O.G.  
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31		91		121		181
	2		32		92		122	19	182
	3		33		93		123		183
	4		34		94		124		184
	5		35		95		125		185
	6		36		96		126		186
	7		37		97		127		187
	8		38		98	17	128		188
	9		39		99	18	129		189
	10		40		100		130		190
	11		41		101		131		191
	12		42		102		132		192
	13		43		103		133		193
	14		44		104		134		194
	15		45		105		135		195
	16		46		106	6	136		196
	17		47		107	7	137		197
	18		48		108	8	138		198
	19		49		109		139		199
	20		50		110		140		200
	21		51		111		141		201
	22		52		112		142		202
	23		53		113	9	143		203
	24		54		114	10	144		204
	25		55		115	11	145		205
	26		56		116	12	146		206
	27		57		117	13	147		207
	28		58		118	14	148		208
	29		59		119	15	149		209
	30		60		120	16	150		210